

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)						SERIAL NO. 10784487	FILING DATE 2-23-04
						CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	4	↓	↓	↓			
TOTAL DEP.	20	←	←	←			
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]			
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